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R.I. DEPT. OF STATE

State of Rhode Island

## **Department of State - Business Services Division**

1022 HAY 23 P 2: 16

Annual Report for the year:	2018
Non-Profit Corporation	
-> Ellisa podod: Esbayany 1 - May 1	

- → Filing period: February 1 May 1
- → Filing Fee: \$20.00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	Entity ID Number 2. Exact name of the Corporation						
001662688	Rally4RecoveryRl						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	THE MISSION OF RALLY4RECOVERY RI IS TO BREAK DOWN THE						
4. NAICS Code	STIGMA AND STEREOTYPES CONNECTED WITH THE RECOVERY						
813319 - Other Social Advoca	COMMUNITY THROUGH INCREASED VISIBILITY AND PROMOTION						
6. Principal Office Address	5		City	State	Zip		
1345 Jefferson Boulevard	5 Jefferson Boulevard		Warwick	RI	02886		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name George O'Tool	<sup>Ime</sup> George O'Toole		Vice-President Name Michelle Harter				
treet Address 641 Post Road			Street Address 59 Fern Drive				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	City Harrisville	State RI	<sup>Zip</sup> 02830		
Secretary Name Joy Vaudreuil		Treasurer Name David Martins					
Street Address 44 Temple Place			Street Address 1345 Jefferson Boulevard				
City Central Falls	State RI	<sup>Zip</sup> 02863	City Warwick	State RI	<sup>Zip</sup> 02888		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name George O'Toole		Director Name Michelle Harter					
Street Address 641 Post Road		Street Address 59 Fern Drive					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02888	<sup>City</sup> Harrisville	State RI	<sup>Zip</sup> 02830		
Director Name Ian Knowles			Director Name				
Street Address 23 Crestmont Drive		Street Address					
<sup>City</sup> Richmond	State RI	<sup>Zip</sup> 02812	City	State	ZIp		
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duty Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative			5/1/22				
Signature of Officer/Authorized Representative  FILED							

MAIL TO:
Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov MAY 2 2022